Name in Full: Mary Alice Crowe

CERTIFICATE OF DEATH

MARYLAND

Town: New Germany | County: Garrett

Died at | Date of death 1904 | Month: April | Day: 11 | Age: Years | Months | Days: 27

Sex: female | Color or Race: White | Birthplace: Md

Married, Single or Widowed | Occupation: None

Name of Wife or Husband

Father's Name: Robt L Crowe | Father's Birthplace: Md

Mother's Maiden Name: Ellen Wagner | Mother's Birthplace: Md

Name of person giving information: Mrs Robt Crowe | How related to deceased: aunt

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth | How long

Immediate: Dont Know | How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H L Evans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Emma Davis X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Davis Farm; County: Garrett

Date of death: Month: April; Day: 14; 1904

Age: Years: 29; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Wm Davis

Father's Name: Wm Galloway

Father's Birthplace: Md

Mother's Maiden Name: 4

Mother's Birthplace: 27

Name of person giving In formation: James Sick

How related to deceased:

CAUSES OF DEAT

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long:

Immediate:

How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: H W McConnell

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: George Demmore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oakland; County: Garrett

Date of death: Month: April; Day: 20; Years: 4; Months: —; Days:

Sex: male; Color or Race: Poor; Birthplace: Oakland Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: James Demmore; Father's Birthplace: Md

Mother's Maiden Name: Anna Banks; Mother's Birthplace: Md

Name of person giving Information: Father; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 3 weeks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hineburgh

Address: Oakland Md

~~Accident or~~ Suicide?

LIBRARY BUREAU A588 16

Name in Full: Mary Durst

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bruansville — County: Garrett

Date of death 1904 — Month: April — Day: 11

Age — Years: 95 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Nurse

Name of Wife or Husband: —

Father's Name: Henry Durst — Father's Birthplace: Md

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving information: Geo A Bittinger — How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: Dont Know

Immediate: Don't Know — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bruans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: James Ellis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodensfalls — County: Garrard

Date of death: 1904 — Month: Apr — Day: 9 — Age: Years: 2 — Months: — — Days: —

Sex: boy — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Henry Ellis — Father's Birthplace: W Va

Mother's Maiden Name: Sally Ellis 90 — Mother's Birthplace:

Name of person giving Information: A B Summey — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion — How long: 2 weeks

Immediate: + Cold — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W C Kineberger

Address: Parkersburg

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8661Q

Name In Full

Certificate of Death

Mrs Elizabeth Fike

Town

County

Died at near Summerfield Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19 24 April	29	Age 82	10	4	Ohio	Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living V

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary: Pneumonia 93 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J Gilbert Selby

Address Eglon W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Effie Augusta Grory

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Accident — County: Garrett

Date of death: Month: April — Day: 23 — Year: 1904

Age: Years — Months — Days: 15

Sex: Female — Color or Race: Caucasian — Birthplace: Accident

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Grory — Father's Birthplace: Accident Md

Mother's Maiden Name: Anna Myle — Mother's Birthplace: Cove Md

Name of person giving information: Edward Grory — How related to deceased: Father

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CAUSES OF DEATH

Primary: Broncho Pneumonia — How long: Six days

Immediate: Broncho Pneumonia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H R. Bayer M.D.

Address: Accident Md

Accident or Suicide?

LIBRARY BUREAU A66510

Name in Full: Annie C. Hampt X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Coue — County: Garrett

Date of death 1904: Month: April — Day: 3 — Age: Years: 23 — Months: 3 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: House Keeper

Name of Wife or Husband:

Father's Name: Charles. S. Hampt — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: Howard Pattent — How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Blood poison — How long: 1 day

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. E. Frazer Undertaker

Address: Lumberville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83516

Name in Full: Norman Mark Jacobs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Oak Spring — County: Garrett

Date of death 1904: Month: April — Day: 8 — Age: Years — Months: 2 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Oak Spring

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Stanley M. Jacobs — Father's Birthplace: Allegany Co Md

Mother's Maiden Name: Olive A. Jacobs — Mother's Birthplace: Indiana

Name of person giving In formation: Stanly Jacobs — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: (no baby) Asphyxiated — How long: Not at all

Immediate: found dead or near dead in bed in the morning — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: James O. Bullock

Address: Finzeonning Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Lookout

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Deer Park — County: Garrett

Date of death: Month: April — Day: 2 — Years: 68 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Martinsburg W Va

Occupation: Florist — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Etta Hooker

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic enteritis Hepatitis — How long

Immediate: Heart Disease — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. C. Hunsberger

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Francis M McCarty

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sweetsboro — County: Garrett

Date of death: Month: Apr — Day: 15 — 1904 — Age: Years: 63 — Months: — — Days: —

Sex: Mall — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: -

Married, Single or Widowed: Married — Name of Wife or Husband: Lucy McCarty

Father's Name: dont Know — Father's Birthplace: -

Mother's Maiden Name: — — Mother's Birthplace: -

Name of person giving In formation: John E Wright — How related to deceased: Son in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetis — How long: 8 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H W McCommas

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Baby Minkey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Bethlehem Church (County) Garrett — MARYLAND

Date of death 1904 — Month Apr — Day 20 — Age Years: Still born — Months: — — Days: —

Sex: Boy — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: R Minkey S. — Father's Birthplace: —

Mother's Maiden Name: Catherine Minkey — Mother's Birthplace:

Name of person giving In formation: Jas R Thomas — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: —

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? " " yes

Signature of Physician: J R Thomas

Address: —

Accident or Suicide?

LIBRARY BUREAU A6881Q

Name in Full: Hannah Morgoff. X

CERTIFICATE OF DEATH

MARYLAND

Died at: Accident — Town — County: Garrett

Date of death 1904: Month: April — Day: 29 — Age: Years: 53 — Months: 1 — Days: 20

Sex: Female — Color or Race: Caucasian — Birthplace: Germany

Occupation: Domestic — Where Residing if not at place of death: Accident

Married, Single or Widowed: Married — Name of Wife or Husband: Eduard Morgoff

Father's Name: Henry Kolb — Father's Birthplace: Germany

Mother's Maiden Name: Sybil Kolb — Mother's Birthplace: Germany

Name of person giving In formation: Henry Kemp — How related to deceased: Name

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism & debility — How long: 3 months

Immediate: Influenza — How long: 5 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H.R. Bayer MD

Address: Accident Maryland

Accident or Suicide?

LIBRARY BUREAU A8810

Name in Full: Vanilla Rayer X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville; County: Garrett

Date of death: 1904 Month: April Day: 29

Age: Years: 45 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: 79

How related to deceased: 3 Years

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of heart

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. O. Southerbacker M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Clarence Schlossnagle X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Friendsville; County: Garrett

Date of death 1904: Month: 4; Day: 29

Age: Years: —; Months: 7; Days: 14

Sex: Male; Color or Race: White; Birthplace: Friendsville

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Edward Schlossnagle; Father's Birthplace: Garrett Co

Mother's Maiden Name: Mary Weaver; Mother's Birthplace: " "

Name of person giving information: Edw Schlossnagle; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capilary Bronchitis; How long: 2 Wks

Immediate: " "; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. Mason M.D.

Address: Friendsville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: A. J. Roan White X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oakland; County: Garrett

Date of death: Month: April; Day: 7; 1904

Age: Years: 93; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Pennsylvania

Occupation: Hotel Keeper

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Margaret A. Walls

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: J. R. White

How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long: several months

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Lyle & McComas

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Youkin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville — County: Garrett Co

Date of death: Month: Apr — Day: 16 — Year: 1902

Age: Years: 1 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — ~~Name of Wife or Husband~~:

Father's Name: Richard Youkin — Father's Birthplace:

Mother's Maiden Name: Barbara Youkin — Mother's Birthplace:

Name of person giving information: 92 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrhal Pneumonia — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F B Londenbaugh M.D.

Address: Grantsville Garrett Co Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Sarah Ellen Gully ×

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Germany — County: Garrett

Date of death 1904: Month: June — Day: 23 — Age: Years: 3 — Months: 7 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: S S Gully — Father's Birthplace: Whales

Mother's Maiden Name: Zelpha A Durst — Mother's Birthplace: Md

Name of person giving information: Charles E Durst — How related to deceased: Son and Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not Know — How long: 3 weeks

Immediate: Do not Know — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bevans

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A6581G